



Preferred Appointment Frequency: \_\_\_\_\_

Referred by: \_\_\_\_\_

Client since: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Alt #: \_\_\_\_\_ Emerg. Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

Veterinarian\Clinic: \_\_\_\_\_ Vaccination Record: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_

Age: \_\_\_\_\_ M  F

HEALTH

Under Special Veterinary Care? Yes  No

- Arthritic       Epileptic       Special Shampoo
- Blind           Heart cond.       Sedated
- Burns easy       No flea dip       Warts/Moles
- Deaf             Pregnant
- Diabetic         Skin
- Dry low heat     Other: \_\_\_\_\_

PERSONALITY

- Biter       Very Shy       Wetter       Hyper
- Other: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_

Age: \_\_\_\_\_ M  F

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PERSONALITY

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- Other: \_\_\_\_\_

PLEASE READ CAREFULLY AND SIGN BELOW

In the event an emergency should occur with my pet, or in the event special services such as veterinarian services, boarding, care taking, and/or transportation or handling are required as deemed necessary by P&D Pet Supply, I agree to pay all costs.

If my pet is hurt or becomes ill, P&D Pet Supply has permission to call or take pet to a veterinarian of our choice.

P&D Pet Supply also reserves the right to refuse service to customers whose pet may pose a threat to us or to the other pets left in our care, whether it be an aggression problem, health problem, or parasite problems.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_